	Reduction Act of 1895, no pen NT APPLICATION F Sutheflight	or Form PTO-876	HON RECOR		Application of	Docket Humber
АРР	LICATION AS FILED -	PART I			105	98019
FOR		(Column 2)	SMAL	L ENTITY	OR .	OTHER THAN
EASIO FEE OT OFB 1.18(a), (b); or (d))	NUMBER FILED .	NUMBER EXTRA			· ·	SMALL ENTITY
BEAROH Face			RATE (I)	FEE(I)		
POT OFR 1.(B(K), (I), OF (M)) EXAMINATION FEE			-			FEE I
of VFR 1.18(d), (n) or less		<del></del>				
OTAL CLAIMS BY CFR 1.16(II)					, <del> </del>	
NDEPENDENT OF AND	- minus 20 =	•	× 05.	1		
17 OFR 1.16(td)	mknus a =			-	OR X T	
PPLICATION BIZE	If the specification and d	rawings exceed 100	x /00 =	L: l.	xe de	7
EE 7 OFR 1.10(i))	18 \$250 (A) de c	IIVAUOTI EIZE TAA ALIA	11		1	-
	35 U.S.C. 41(2)(1)(0)	action thereof, See	11		. 1	
ULTIPLE DEPENDENT OF	AIM PRESENT (37 CFR-1.16	97 CFR 1.18(8).	1		1.	1.
the difference	( TESENT (37 CFR-1.16	(I)	180		-	
amerence in column 1	I is less than zero, enter "0" in	column 2.	-		1 36	20
APPLICATI	ON AS AMENDED	ΛDT u	TOTAL		TOTAL	
8-16-05 COSIGN	p			:		<u> </u>
	AIMS	mn 2) (Column 3)	SMALLE	erroria e e	· ~~	(Jense
MYK REM	AINING NUME	BER PŘESENT		AIIIA	OR OT	HER THAN ALL ENTITY
Total AMEN	DMENT PREVIO	HSIY EVITA	RATE (\$)	ADDI: TIONAL	RATE (\$	- International
far cert (.16m)	) Minus	0 =	1	FEE (\$)	1	TIONAL
COT OFR LIGHT	Minus Z		X of the	OR	1 x x x x x x x x x x x x x x x x x x x	FEE (3)
	CFR 1.16(s))	<u></u>	x (0.0)	OR.	12	-
FIRST PRESENTATION OF	MULTIPLE DEPENDENT CLAIM	62 OŚT 4 15	1	OK.	1	
		A. CH. (1'100)	180	OR	360	1
		*	TOTAL ADD'L FEE		TOTAL	1
(Columnia CLAI)	AS TOOlum	n 2) (Column 3)		OR OR	ADD'L FEE	
REMAN	MING HUMBE	B BBEOGLA		·		
Attent	PAID FO	SLY EXTRA		ADDI- ONAL	RATE (\$)	455
Total AMENUN	: Minus	=	<u> </u>	EE (3)		ADDI- TIONAL
hidopendent 127. CHR 1.16(N)	Minus, ***		X =	OR	х -	FEE (\$)
Application Size Fee (87 O	FR 1.16(s))		·X · · =			<del>  </del>
FIRST PRESENTATION OF MIL	ALTIPLE DEPENDENT OLAIM (3			OR OR	X ,.=	
	CAIM (3.	( CFR 1.16(I))	1	7.1		
•				' OR:		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "9".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the Induling gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box (450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS